



# Advisory Organization Registration/Renewal Application

## IC 27-1-22-15

Registration

Renewal

Name of Organization: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

- Please tab the items below with the corresponding number or letter.
- 1 – 5 required of **NEW** applicants.
- Grey items are required of **RENEWALS**

### Required Items:

Submitted  
(Yes/No/NC)

Please mark or tab items in order listed below.

1. A copy of the organizations constitution, articles of agreement or association or its certificate of incorporation  
***(Renewals: only required if any changes have been made since the last renewal)***

2. A copy of the organizations bylaws, rules, and regulations governing the conduct of its business  
***(Renewals: only required if any changes have been made since the last renewal)***

3. A list of members

4. The name and address of a resident of this state upon whom notices or orders of the commissioner or processing affecting such organization may be served. (Uniform Consent for Service of Process Form 12) ***(Renewals: only required if any changes have been made since the last renewal)***

5. An agreement that the commissioner may examine such advisory organization in accordance with the provisions of section IC 27-1-22-15. ***(Renewals: only required if any changes have been made since the last renewal)***

**In lieu of 3 above, the organization may submit the following: (Renewals only)**

A. Non-Indiana organization may submit the report of examination made by the insurance supervisory official of another state for compliance with IC 27-1-22-15

### Please forward to:

Admission Coordinator  
Indiana Department of Insurance  
311 W. Washington St, Suite 300  
Indianapolis IN 46204

AO-100-2014

### IDOI USE ONLY

Have all required items been received? Yes  No

Approve  Deny  Hold

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_